



730 Topeka  
P.O. Box 287  
Lyndon, KS 66451-0287  
Phone: 785 828-3146

CITY OF LYNDON, KANSAS

RE-ZONING APPLICATION  
Board of Zoning Appeals

Permit #: \_\_\_\_\_  
Fee: \$135.00

Date Paid: \_\_\_\_\_

**For Office Use Only**

Date Advertised: \_\_\_\_\_ Date Notices Sent: \_\_\_\_\_  
Public Hearing Date: \_\_\_\_\_ BZA Recommendation: \_\_\_\_\_  
City Council Action: \_\_\_\_\_ Resolution No: \_\_\_\_\_

This application must be turned in to the City Clerk at least twenty-five days prior to the Planning & Zoning Commission meeting. The Planning Commission meets on the first Monday of every month.

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

LEGAL DESCRIPTION (Please use the legal description off property deed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present Zoning: \_\_\_\_\_ Requested Zoning: \_\_\_\_\_

Present Use of Property: \_\_\_\_\_

Proposed Use of Property: \_\_\_\_\_

SURROUNDING LAND USE AND ZONING:

	<u>Land Use</u>	<u>Zoning</u>
North	_____	_____
South	_____	_____
East	_____	_____
West	_____	_____

CHARACTER OF THE NEIGHBORHOOD: \_\_\_\_\_

RELATIONSHIP TO EXISTING ZONING PATTERN:

1. Would the proposed change create a small, isolated district unrelated to surrounding districts? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Are there substantial reasons why the property cannot be used in accord with existing zoning? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain: \_\_\_\_\_
3. Will the rezoning of this property have a potential positive or negative impact on nearby property? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain: \_\_\_\_\_

RELATIVE GAIN TO THE PUBLIC:

1. Is the property vacant? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, how long has it been vacant? \_\_\_\_\_
2. Will the rezoning of this property have a potential positive or negative impact on the public as a whole? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain: \_\_\_\_\_

CONFORMANCE WITH COMPREHENSIVE PLAN:

1. Consistent with Development Policies? \_\_\_\_\_
2. Consistent with Future Land Use Map? \_\_\_\_\_

UNIQUE CHARACTERISTIC OF PROPERTY AND ADDITIONAL COMMENTS:

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APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Attachments Required:**

- ✓ Site plan showing existing and proposed structures on the property in question, and adjacent property, off-street parking, driveways, and other information.
- ✓ Certified list of property owners within 200 feet of property. This can be obtained from the **Osage County Mapping Department** located at 717 Topeka, Lyndon, KS.



**Planning & Zoning Dept. - Site Plan/Sketch**

Permit #: \_\_\_\_\_ Contractor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Permit Requirements:**

\*The following requirements **must** be clearly marked in order for your permit to be submitted for review by the Planning and Zoning Administration;

- Neighboring streets
- Property lines
- All existing structures and fences with dimensions
- Dimensions of the proposed structure
- Structure permanent or non-permanent (movable)
- All set-back distances from property lines
- Height and type of fence (i.e. chain link, privacy, etc)

**\*\*The Zoning Administrator will not consider the permit unless all of the above listed requirements are included in the site sketch.**

